

Committee for Political Action (PAC) Registration Form

FILED

#367

MAR 06 1998

Secretary of State of Nevada

Print or type the following information; complete both sides of this registration form:

REGISTRATION: (check one) ☒ New registration ☐ Amended registration (if amended list reason)

REASON FOR AMENDMENT: ☐ Change in officers ☐ Change resident agent
☐ Other _____

NAME OF COMMITTEE:

TAKE THE STATE

Mailing Address:

P.O. Box 6616

Incline Village NV 89450 (702) 831-1173
City State Zip Telephone

PURPOSE: (Briefly state the purpose for which the political action committee was organized.)

To raise money and make contributions to Republican candidates and causes

RESIDENT AGENT: (Pursuant to NRS 294A.260, each committee for political action must appoint and keep in this state a resident agent who must be a natural person who resides in the State of Nevada.)

Name of Resident Agent:

James F. Clark

Mailing Address:

P.O. Box 5596

Incline Village NV 89450 (702) 831-1173
City State Zip Telephone

ACCEPTANCE OF APPOINTMENT BY RESIDENT AGENT

I, JAMES F. CLARK, hereby accept appointment as Resident Agent for the
above named committee for political action.


Signature of Resident Agent

2-27-98

Date

779

OFFICERS:

(Please list the name, title and address of each officer.)

Name James F. Clark
Title Director

Address P.O. Box 5596
City/State/Zip Incline Village NV 89450

Name Janet Pahl
Title Director

Address P.O. Box 8265
City/State/Zip Incline Village NV 89452

Name John Carney
Title Director

Address P.O. Box 4278
City/State/Zip Incline Village NV 89450

Name Patricia Glenn
Title Director

Address P.O. Box 4811
City/State/Zip Incline Village NV 89450

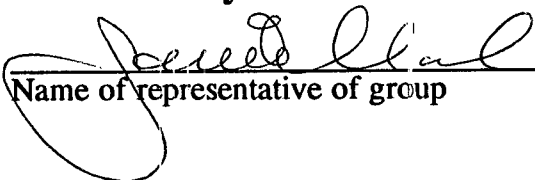
Name Orville Gaston
Title Director

Address P.O. Box 4144
City/State/Zip Incline Village NV 89450

AFFILIATION: (If the committee for political action is affiliated with any other organizations, list the name and address of each organization.)

Name of Organization:**Address:**

Submitted By: James F. Clark


Name of representative of group

2-27-98
Date

Send Completed Form to:
SECRETARY OF STATE
101 NORTH CARSON STREET #3
CARSON CITY, NEVADA 89701-4786

PHONE: (702) 687-3176 FAX: (702) 687-6913